



CITY OF ROMULUS

Business Registration Renewal Application

CITY OF ROMULUS CODE OF ORDANCE, CHAPTER 17: LICENSING; ARTICLE 1 BUSINESS REGISTRATION; SECTION 17-7(c)

Renewal registration procedure: form of application. The applicant for the renewal of a certificate of registration shall submit a renewal application form for such renewal certificate to the City Clerk. Such certificate shall expire on the anniversary of the issuance. The application shall be a written statement upon forms provided by the City Clerk. Such form shall include an affidavit, to be sworn to by the applicant before a notary public of this state. Unless otherwise indicated, all requirements for the original issuance of a certificate must also be met for renewal of that certificate, including, without limitation, payment of the annual fee and obtaining any and all applicable inspections and approvals.

MUST COMPLETE ENTIRE APPLICATION EVEN IF BUSINESS INFORMATION HAS NOT CHANGED

A BUSINESS INFORMATION	
<input type="checkbox"/> My business information has changed (if applicable)	
Name of Business:	
Business Address:	Suite:
Business Phone:	Business Fax:
Business E-mail:	Business Website:
B APPLICANT INFORMATION: (Select One) <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Agent Of Business	
Name:	
Street Address (if different from business address)	
City:	State: ZIP Code:
Phone:	E-mail:
Driver License #	State: Fax No.:
C STATE LICENSES / PERMITS REQUIRED FOR YOUR BUSINESS (IF APPLICABLE)	
Are you required to have a State of Michigan License and/or Permit for this type of business? ___ Yes ___ No If yes, please list.	
Type of Lic/Permit: _____	
Lic/Permit No: _____	Exp. Date: _____
D AFFIDAVIT & SIGNATURE (Applicant MUST sign this application)	
<i>The undersigned represents that there have been no changes to the use of the property to which this registration pertains.</i>	
I _____ am the OWNER/AGENT of said business making application for this Business Registration Certificate and/or am otherwise an authorized representative of said business. I authorize the verification of the information provided on this application. I am a citizen of the United States of America and otherwise authorized to do business under the laws of the state of Michigan and the United States of America. I depose and state that all of the information provided in the foregoing application is true to the best of my knowledge, information, and belief.	
Signature of applicant/agent:	Date:
E NOTARY ACKNOWLEDGEMENT	
STATE OF: _____	COUNTY OF: _____
On this ____ day of _____ 20____ before me personally appeared _____ who being duly sworn, deposes and says that the statements and answers contained therein are true.	
My Commission Expires _____	Notary Public, Wayne County, Michigan